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AMENDMENT & RESPONSE – 2 Drawing Sheets attached

(10 pages).

Serial No.: 10/556,832

Examiner: Kim Kwok Chu

Art Unit:

2627

Docket No.: PD030051

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 17

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Application of use income of the income of the comment of the comm FIEGO Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). CENTRAL FAX CEN Application Number 10/556,832 FEE TRANSMITTAL November 16, 2006 Filing Date for FY 2007 Christian Buchler First Named Inventor Kim Kwok Chu Examiner Name 2627 Applicant claims small entity status. See 37 CFR 1.27 Art Unit PD030051 940.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No **CUSTOMER NUMBER: 24498** METHOD OF PAYMENT (check all that apply) Other (please identity): ☐ Credit card ☐ Money Order THOMSON LICENSING LLC Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 200 100 500 250 Utility 300 150 65 50 130 200 100 100 Design 150 160 80 200 300 100 Plant 600 300 500 250 150 300 Reissue 0 0 Provisional 200 100 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 (Including Reissues) 100 200 Fach Independent claim over 3 (Including Reissues) 180 380 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) - or HP = \$50 Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee (\$) Fee Paid (\$) Independent Claims **Extra Claims** \$200 - or HP = HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer tistings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) **/50 =** - 100 = (round up to a whole number) x Fees Pald (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$130.00 \$940.00 - \$B10.00 RCE FEE SUBMITTED BY Flogistration No. (Attorney/Agant) 42.804 (609) 734-6813 Nama (Print/Type) Talephone

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